MC103
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HOSPITAL BUILDING NOTE

MATERNITY DEPARTMENT

21

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MINISTRY OF HEALTH HOSPITAL BUILDING NOTE NO. 21

Maternity Department

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Appendix.

An addendum to Appendix E of Hospital Building Note No. 2, *The Cost of Hospital Buildings*, which sets out cost recommendations for the Maternity Department, is supplied with this Building Note.

I. Scope

1. This Building Note gives guidance on the planning of maternity departments of 50 or more beds in a district general hospital. With suitable modifications, this Note is applicable to other forms of hospital maternity provision.

II. General considerations

2. A maternity department forming part of a district general hospital should have separate entrances but be linked with the main building for hospital services such as food, central sterile and other supplies, as well as with diagnostic facilities, such as x-ray and pathology. The department should be sited to reduce so far as possible walking distances for expectant mothers.

3. The size of the department will depend upon an assessment of its catchment area—normally the same as that of the hospital of which it forms a part and it is at this stage that the number of ante-natal beds will be decided. It is unlikely that departments will be of less than 50 beds and whilst general planning principles will be similar for departments below this figure, they do not fall within the scope of this Note. It will rarely be necessary to provide departments of more than 170 beds. The usual requirement at one of the larger district general hospitals would be for about 100 beds. There are advantages in concentrating maternity beds into units of about this size since larger units tend to become impersonal and small ones may be expensive in staff and equipment.

Accommodation

4. A maternity department will consist of the following main groups of accommodation:

(i) Ante-natal clinic
(ii) Reception and Administration
(iii) Admission suite
(iv) Ward units
(v) Labour suite
(vi) Operating theatre suite
(vii) Special baby care unit
(viii) Midwifery teaching unit.

The operating theatre suite, special baby care unit and midwifery teaching unit will only be required at certain hospitals.

Relationship of the main groups of accommodation

(i) *Ante-natal clinic*

5. This should be on the ground floor of the maternity department. It should have its own entrance, close to the main entrance of the department and sharing reception facilities with it. Easy access to the x-ray and pathology departments is required.

(ii) *Reception and Administration*

6. This will form the main entrance to the department and should be sited to serve both the ante-natal clinic and the remaining groups of accommodation. Staff offices will be grouped at this point and it will also contain the records office for the maternity department.

(iii) *Admission suite*

7. The siting of the admission suite may be varied to suit the layout of the department and the method of working adopted. Where there is a centralised labour suite on the ground floor of the department, it is best placed next to this. Where a centralised labour suite is on the top floor there are definite advantages in retaining the admission suite on the ground floor provided easy access exists between the two. Easy access from reception and to the wards is also required. In those departments where the labour suite is combined with ante- and post-natal wards, it may be an advantage to admit direct to the first stage rooms: but a self-contained admission suite will still be required on the ground floor for occasional use.

(iv) *Ward units*

8. The ward units should be situated with easy access to and from the admission suite, labour suite and the central milk kitchen. They should be designed for maximum flexibility of use.

(v) *Labour suite*

9. There should be easy access to the labour suite from reception, admission suite and wards. If it is to be centralised there is some advantage in placing it on the ground floor, where it is immediately accessible for patients arriving in labour and can more easily be extended should the need arise at a later date. If it is not possible for planning reasons to site it on the ground floor, it is best placed on the top floor.

(vi) *Operating theatre suite*

10. Normally all maternity departments with more than 70 beds will require an operating theatre suite. For those with less than 70 beds the provision of an operating theatre suite will depend on the amount of abnormal midwifery carried out by the department.

11. Where an operating theatre is required it should be planned as part of a normal labour suite but should preferably have a separate entrance. Departments which do not require the full use of an operating theatre should use a delivery room of a larger size than normal, or the main theatre of the hospital, if this is available, for emergency Caesarean sections, etc.

(vii) *Special baby care unit*

12. When a special baby care unit is provided it should have easy access from the operating theatre and labour suite. Detailed advice on the need, planning and provision of special baby care units is given in the Report of the Sub-Committee on the prevention of prematurity and the care of premature infants.*

(viii) *Midwifery teaching unit*

13. Maternity departments which have been recognised by the Central Midwives Board will require teaching accommodation for the training of pupil midwives. This may also be necessary for instruction of student nurses taking obstetric training. Some accommodation will be needed within the department and its location will normally depend on individual planning considerations.

14. Figure 1 shows diagrammatically the relationship of the above groups to each other.

Relationship of wards to labour suite

15. For the purposes of this Note a group of delivery and first stage rooms, with their necessary ancillary accommodation, is referred to as a labour suite. This labour suite can be integrated with the ward units or planned separately: in the latter case it is referred to as a centralised labour suite.

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*H.M.S.O. 1961, price 9d.

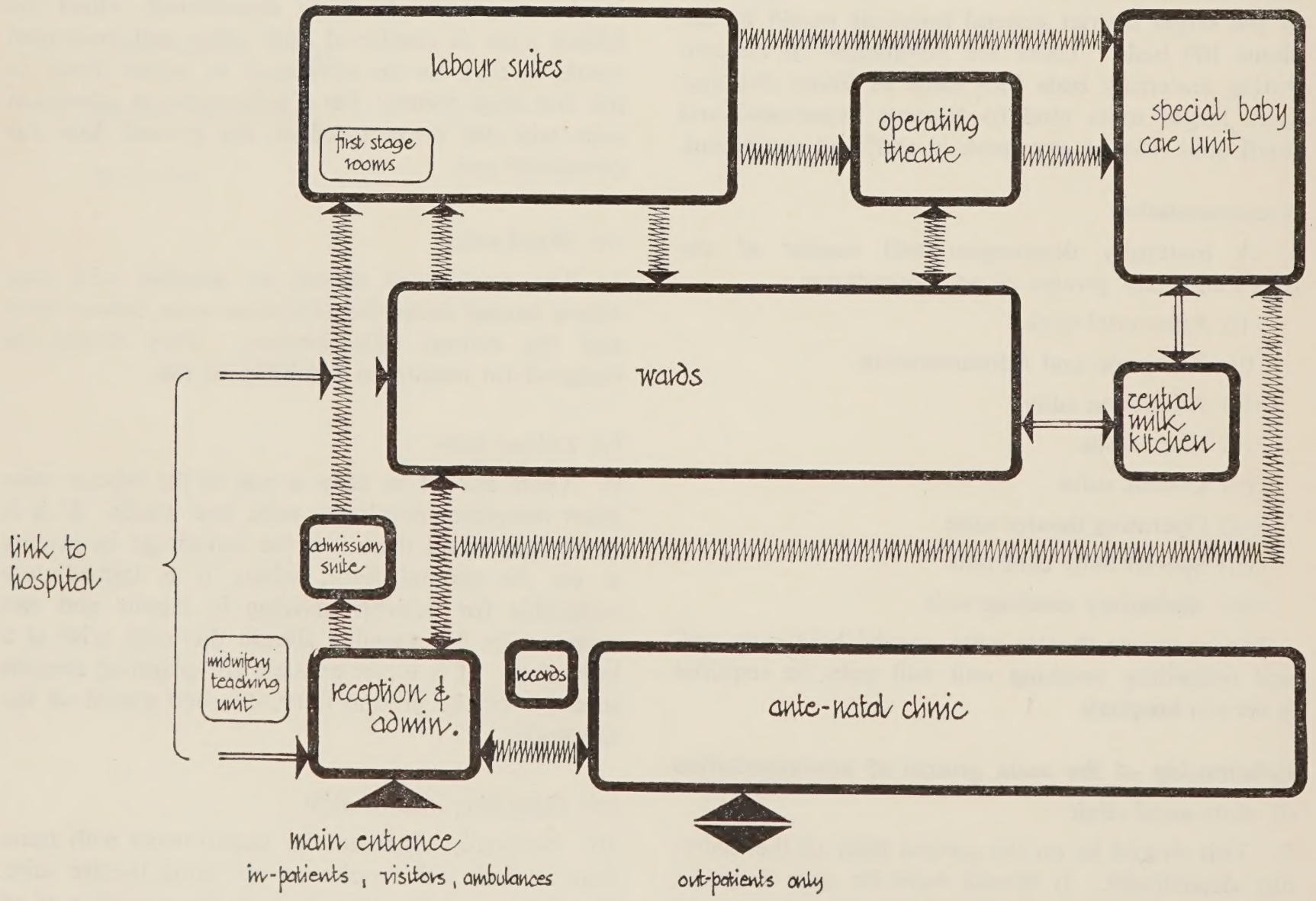


FIGURE 1. Diagram showing the relationship of the main components of the department to each other.

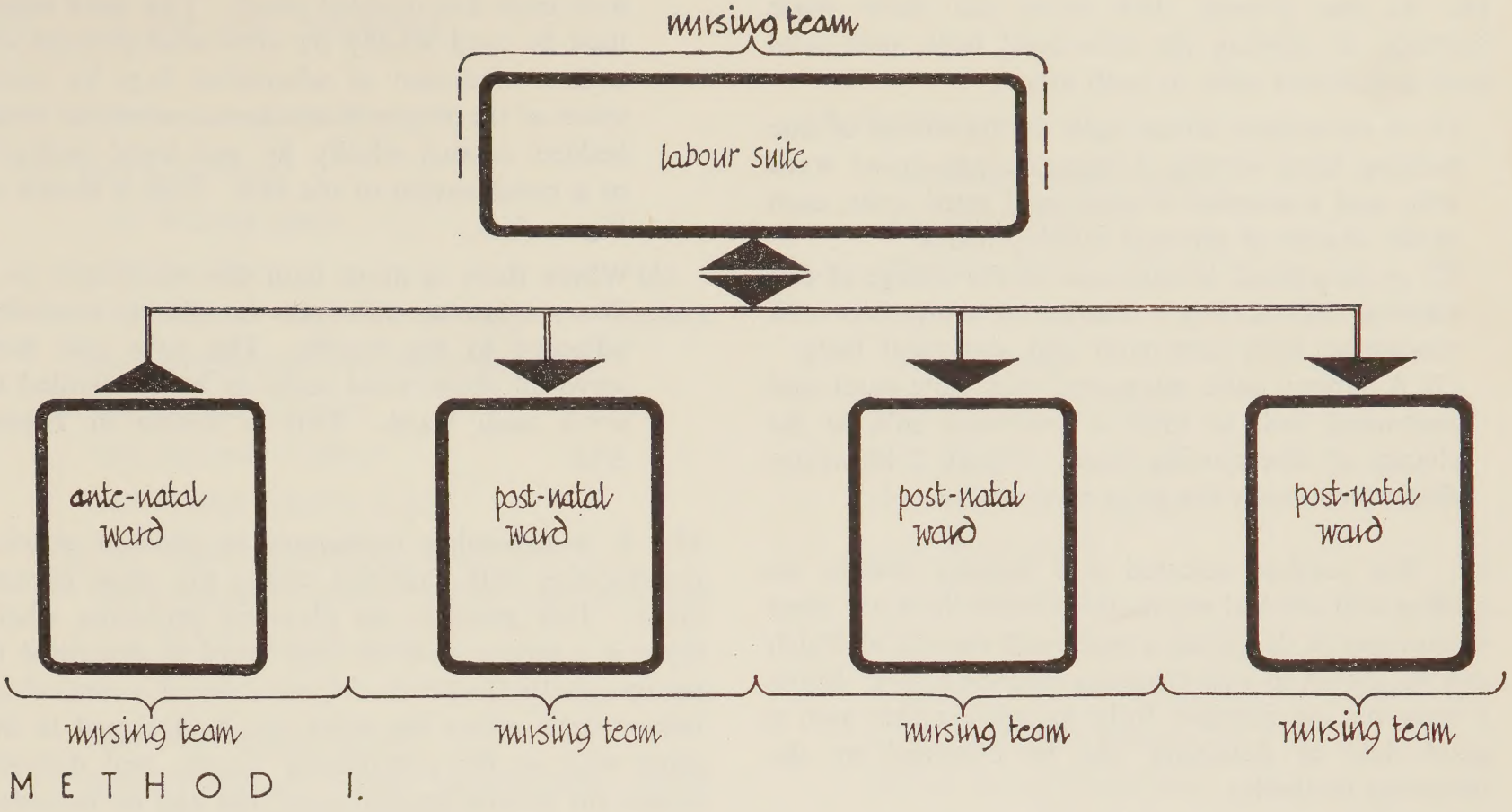


FIGURE 2. Diagram illustrating three different methods of relating ante-natal beds, post-natal beds and labour suite.

16. At the present time there are three main methods of relating the ante-natal beds, post-natal beds and labour suite to each other:

(1) A centralised labour suite in the charge of one nursing team serving a separate ante-natal ward unit, and a number of post-natal ward units, each in the charge of separate nursing teams.

(2) A centralised labour suite in the charge of one nursing team serving a number of ward units each containing both ante-natal and post-natal beds.

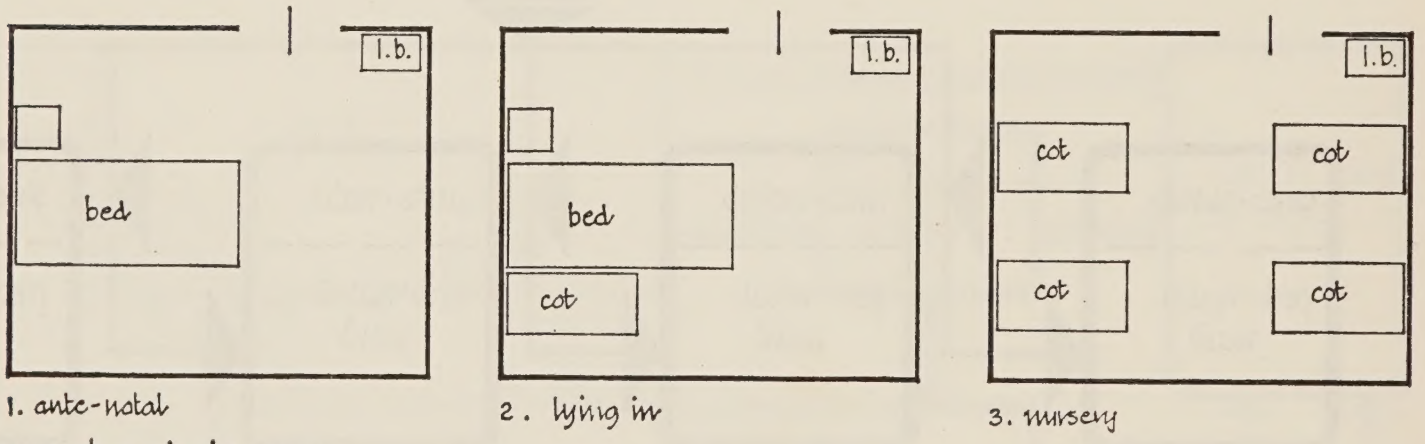
(3) A labour suite integrated with ante-natal and post-natal beds to form a combined unit, in the charge of one nursing team. Figure 2 illustrates diagrammatically the three methods.

17. The method selected will depend mainly on staffing and clinical requirements and there are clear advantages in designing a ward unit the use of which can be varied to suit changing circumstances. While it may not be possible fully to achieve this aim, a good deal of flexibility can be obtained by the following methods:

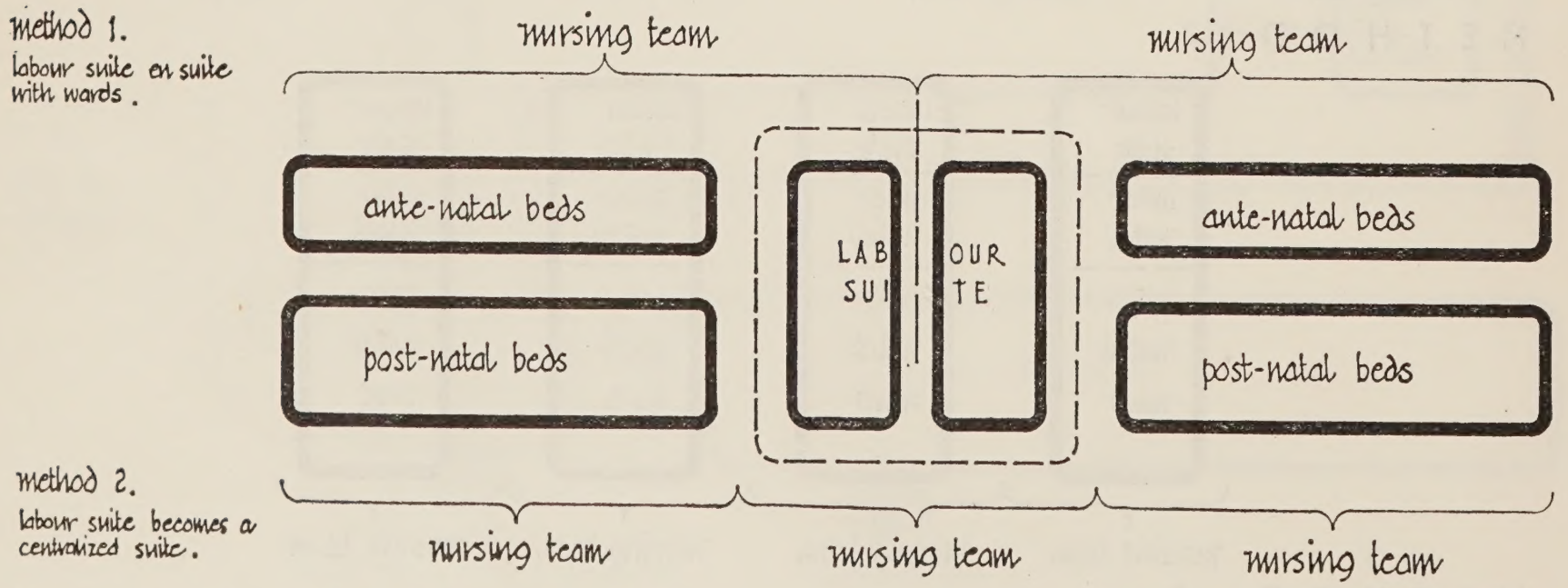
(*a*) The ward unit should be designed to have a proportion of single rooms closely associated with each four-bedded room. The ward could then be used wholly by ante-natal patients or, with a minimum of adaptation (e.g. by using some of the single rooms as nurseries for four-bedded rooms) wholly by post-natal patients, or a combination of the two. This is shown in Figure 3(*a*).

(*b*) Where there is more than one ward unit to a floor, a labour suite can be placed centrally, adjacent to the wards. The suite can then serve all those ward units or be subdivided to serve each ward. This is shown in Figure 3(*b*).

18. It is becoming customary to provide general practitioners with facilities within the main department. This presents no planning problems where there is a labour suite to each ward as described in paragraph 16(3) above. Where there is a centralised labour suite, either the ward can be designed in the same way as the consultants' wards, and delivery rooms for general practitioners' use can be provided within the centralised labour suite, or a ward with the delivery rooms en suite can be provided.



(a) three different uses of a single room



(b) a diagrammatic layout of wards and labour suite which allows flexible use of nursing teams.

FIGURE 3. Diagrams illustrating adaptability of accommodation.

III. List of rooms

19. A. Basic accommodation

(*a*) *Ante-natal clinic*

(i) Waiting space
(ii) Tea bar
(iii) Patients' and visitors' sanitary facilities
(iv) Mothercraft and instruction room
(v) Equipment store
(vi) Almoner's office*
(vii) Health visitor's room
(viii) Registration and records office†
(ix) Clinette(s) and/or w.c.(s) and test room
(x) History taking room(s)
(xi) Blood taking and blood testing room(s)
(xii) Sub-waiting spaces
(xiii) Consulting rooms, examination rooms and undressing cubicles
(xiv) Clean utility room
(xv) Dirty utility room
(xvi) Sister's office
(xvii) Staff sanitary facilities
(xviii) Linen storage
(xix) Cleaners' room
(xx) Pram shelter
(xxi) Circulation space required for the above accommodation

(*b*) *Reception and Administration*

(i) Main entrance space
(ii) Porters' station and public telephone
(iii) Sanitary facilities for visitors and staff
(iv) Waiting-room
(v) Medical staff office
(vi) General office
(vii) Superintendent midwife's office
(viii) Deputy superintendent midwife's office
(ix) Emergency flying squad room
(x) Circulation space required for the above accommodation

(*c*) *Admission suite*

(i) Sub-waiting space and midwives' station
(ii) Examination room(s)
(iii) Sanitary facilities
(iv) Utility room
(v) Circulation space required for the above accommodation

(*d*) *Ward units*

(i) Multi-bedded rooms
(ii) Single rooms
(iii) Nurseries
(iv) Milk kitchen
(v) Day room
(vi) Sanitary facilities
(vii) Clean utility room
(viii) Dirty utility room
(ix) Sluice room
(x) Ward pantry
(xi) Sister's office
(xii) Midwives' station(s) or duty room
(xiii) Equipment store
(xiv) Linen room or bay
(xv) Trolley space
(xvi) Flower room(s) or bay(s)
(xvii) Cleaners' room
(xviii) Staff sanitary facilities and cloakroom
(xix) Doctors' room
(xx) Visitors' room
(xxi) Circulation space required for the above accommodation

(*e*) *Labour suite*

(i) Day room(s)
(ii) First stage rooms
(iii) Patients' sanitary facilities
(iv) Sluice
(v) Delivery room
(vi) Clean utility room(s)
(vii) Sink room(s)
‡(viii) Linen bay or cupboard
(ix) Equipment store
‡(x) Sister's office
‡(xi) Duty room
‡(xii) Doctors' room
(xiii) Changing rooms
(xiv) Trolley space
‡(xv) Pantry
‡(xvi) Cleaners' room
(xvii) Circulation space required for the above accommodation

(*f*) *Operating theatre suite* (*if required*)

(i) Theatre
(ii) Anaesthetic room

*This may be sited with Reception and Administration.

†This will be shared with Reception and Administration.

‡Where the labour suite is combined with the wards, the rooms shown‡ will not be required.

(iii) Sterile supply room
(iv) Sink room
(v) Scrub-up and gowning area
*(vi) Changing room(s)
*(vii) Sister's office
*(viii) Equipment store
*(ix) Cleaners' room
(x) Plant room
(xi) Circulation space required for the above accommodation

(*g*) *Special baby care unit* (*if required*)

(i) Hot room or incubator room
(ii) Warm humidified room(s)
(iii) Cool room(s)
(iv) Observation or isolation room(s)
(v) Utility room
(vi) Treatment and transfusion room
(vii) Clean utility room
(viii) Dirty utility room
(ix) Linen room or bay
(x) Duty room
(xi) Storage room for equipment
(xii) Demonstration room
(xiii) Single rooms for mothers
(xiv) Sanitary facilities for the above
(xv) Pantry
(xvi) Nurses' changing room
(xvii) Staff sanitary facilities and cloakroom
(xviii) Cleaners' room
(xix) Central milk kitchen
(xx) Circulation space required for the above accommodation

(*h*) *Midwifery training unit* (*if required*)

(i) Classroom
(ii) Midwife teacher's office
(iii) Circulation space required for the above accommodation

Functional unit

20. The functional units selected for the groups of basic accommodation in this Note and the related Cost Note (supplied herewith as an addendum to Appendix E of Building Note No. 2) are as follows:

Group (*a*) Ante-natal clinic—average attendances at the largest consultant session

Group (*b*) Reception and Administration
Group (*c*) Admission suite
Group (*d*) Ward units
Group (*e*) Labour suite
} —the bed (based on the total number of post- and ante-natal beds in the wards)

Group (*f*) Operating theatre suite—the suite

Group (*g*) Special baby care unit—the cot in the unit

Group (*h*) Midwifery training unit—the pupil midwife

The use of the bed as the functional unit for groups (*b*) to (*e*) is based on the assumption that a 24-bed ward would have an attached delivery suite and a 28-bed ward would share a centralised delivery suite (see para. 70).

B. Additional accommodation

21. In certain departments accommodation additional to the basic may be required, the most important of which is as follows:

(*a*) *Ante-natal clinic*
(i) Children's waiting space
(ii) Consulting room(s) for the paediatrician
(iii) Weighing room for babies
(iv) Minor treatment room
(v) District midwives' room

(*b*) *Reception and Administration*
Extra office space

(*c*) *Admission suite*
Visitors' waiting-room

(*d*) *Ward unit*
(i) Treatment room
(ii) Patients' utility room

(*e*) *Labour suite*
(i) Scrub-up room(s)
(ii) Medical staff room
(iii) Storage room for mobile x-ray equipment
(iv) Sterilising room

(*f*) *Special baby care unit*
Day room

(*g*) *Midwifery training unit*
(i) Library/study
(ii) Second midwife teacher's office
(iii) Second classroom
(iv) Staff sanitary facilities

*Where the operating theatre suite is planned with a centralised labour suite these rooms can be combined and shared.

IV. Description of rooms

A. Basic accommodation

(*a*) *Ante-natal clinic*

22. The total number of attendances at an ante-natal clinic depends on a number of variable factors (e.g. whether some ante-natal care is undertaken by general practitioners in their own surgeries or in local authority clinics, and the number of patients who, though booked for domiciliary confinement, are referred for consultation) as well as upon the number of maternity beds in the department. The number of attendances at individual sessions will also vary substantially. The clinic should be designed to accommodate the average number of patients expected at the sessions conducted by the consultant obstetricians, since these are the sessions with the largest number of attendances. It should enable the sessions to be held without overcrowding, with ease of circulation and with regard to the privacy of the patients. Appendix I illustrates the method of assessing the accommodation needed for the average attendances at a consultant session.

23. There are two main types of layout for clinics depending on their size.

24. For small clinics where the average number of attendances at the largest session is about fifty or less, a relatively simple layout is possible. The patient waits in the main waiting space and is seen in a consulting suite consisting of either a combined consulting/examination room or a consulting room having two or more examination rooms leading off it. The patient undresses in the combined consulting/examination room or in the examination room. History taking, blood tests, etc., will also be carried out in these rooms. The clinette or w.c. and urine testing room should be off the main waiting area and adjacent to the consulting suites.

25. In the larger clinics where the average number of attendances exceeds fifty, a separate working area is needed, containing sub-waiting spaces and special rooms for history taking and blood testing, as well as the consulting rooms, etc.

(i) Waiting space

26. This should have a pleasant, informal appearance and should be furnished with small tables and chairs. These should not be too low as many ante-natal patients have difficulty in sitting in low chairs. The actual number of patients waiting at any one time will depend upon the efficiency of the appointment system, but it should be borne in mind that most expectant mothers bring a friend or relative with them and may have their children as well. Waiting space is needed for about 50 per cent. of the average attendance of patients at the maximum session. About 15 square feet per person is required which allows for relatives and friends who may accompany the patient. A public telephone booth or an open acoustically screened telephone should be available.

(ii) Tea bar

27. This will supply tea and light refreshments. It should be sited next to the main waiting area. About 60 square feet will be required.

(iii) Patients' and visitors' sanitary facilities

28. Patients' and visitors' lavatories should be provided adjoining the main waiting area as well as near the consulting rooms, either associated with the clinette(s) or off the sub-waiting area. Generally one w.c. and one lavatory basin is needed for every 20-30 patients attending a morning or afternoon session. A single w.c. and lavatory basin en suite will be required for male visitors off the main waiting area.

(iv) Mothercraft instruction room

29. This room should be designed to enable patients to be taught ante-natal exercises. It should permit about ten women at a time to lie on the floor and have freedom of limb movement. An area of 450 square feet is needed. In hospitals in areas where the majority of health education classes are provided at local authority clinics, the mothercraft and instruction room should be omitted. In this case the waiting area could be used for classes and might be fitted with a movable partition.

(v) Equipment store

30. A small store of 50 square feet is needed for equipment, mattresses, etc., used in the mothercraft room.

(vi) Almoner's office

31. An office is required for the almoner, either in the clinic conveniently situated to the main waiting area, or in the administration and reception area. An area of 100 square feet is needed.

(vii) Health visitor's room

32. An office of 100 square feet is required for the health visitor: this should be adjacent to the main waiting area.

(viii) Registration and records office

33. This should be sited off the main waiting space of the clinic and the main entrance to the department to ensure that current records are accessible day and night to the clinic and to Reception and Administration. A counter or counters for reception and registration will be required to serve both groups of accommodation. At least 4 feet of counter and 60 square feet of working space is needed for each clerk. The records office should be planned with direct access to the reception counter. Records, other than those in current use, will be stored in the records department of the main hospital.

(ix) Clinette(s) and/or w.c. and test room

34. Although many patients bring a specimen with them, facilities are necessary for the collection and testing of urine. A clinette or w.c. including a grab handle or rail, should be provided and there should be a double hatch through to the test room. For patients who bring specimens with them the test room could have a horizontally divided door with a counter top or a hatch to the corridor, or a table where patients can put their specimens. About 100 square feet should be allowed for clinette and test room combined.

(x) History taking room(s)

35. This is required for recording patients' histories and should accommodate a desk and two or three chairs. About 100 square feet is necessary.

(xi) Blood taking room and blood testing room(s)

36. This is needed for the collection of blood specimens for blood grouping. Space is required for a couch, a small table and chairs, and a wash basin. An area of 100 square feet is needed. Where haemoglobin estimations are done by the pathology staff in the larger ante-natal clinic, a second room will be necessary.

(xii) Sub-waiting spaces

37. Sub-waiting area(s) or bay(s) having a total area of 150-200 square feet will be necessary for large clinics.

38. It may be convenient to place the midwives' duty station within a sub-waiting area. A table, one or two chairs and storage space for writing materials, etc., will be needed, and a telephone and call point system should be available.

(xiii) Consulting rooms, examination rooms and undressing cubicles

Small clinics

39. Either two consulting rooms, each with two examination rooms, will be required, or four combined consulting/examination rooms. An area of 120 square feet is needed for a consulting room, which should be equipped with a desk or table, chairs, adjustable light fitting, x-ray viewing screen and lavatory basin. The examination rooms for use with the consulting rooms should be 90-100 square feet and should be equipped with an examination couch, chair, small table or writing shelf, a trolley for instruments and a lavatory basin. The combined consulting/examination room should be 170 square feet and should be equipped with a desk, chairs, adjustable light fitting, x-ray viewing screen, basin, examination couch and a trolley for instruments. The area containing the couch should be curtained off. Figure 4(*a*) shows alternative arrangements for the combined consulting/examination room, and Figure 4(*b*) for the consulting rooms with separate examination rooms.

Larger clinics

40. Two consulting rooms of 120 square feet will be required, together with six examination rooms each of 90-100 square feet: or in the largest size of clinic two combined consulting/examination rooms of 170 square feet with eight examination rooms of 90-100 square feet each. The latter will give added flexibility for the larger clinic. All should be equipped as above.

41. A consultant obstetrician will require two or three examination rooms for his own use and two for each of his assistants who are working simultaneously. It is preferable for the consultant obstetrician to have easy access to all the examination rooms, and this may be achieved by having a "working" sub-corridor. In this type of layout care should be taken to ensure adequate sound insulation and privacy for patients. Weighing scales may be needed so that the patient can be weighed without top clothes.

42. To obtain maximum use from this arrangement, each examination room will need two undressing cubicles close by, each of about 25 square feet. Examination rooms and cubicles can be planned either to use the cubicles as a pass-through space from the corridor to the examination room, or with the cubicles separated and opening into a small bay outside the examination room. The first method has the advantage that patients can easily secure their possessions by bolting the outer cubicle door, but on the other hand it is difficult to provide a really soundproof door between cubicles and examination room. In addition a second door to the examination room will be needed to allow direct access to the corridor without going through a cubicle. The second method overcomes these disadvantages. Figure 4(*c*) shows the alternative arrangements.

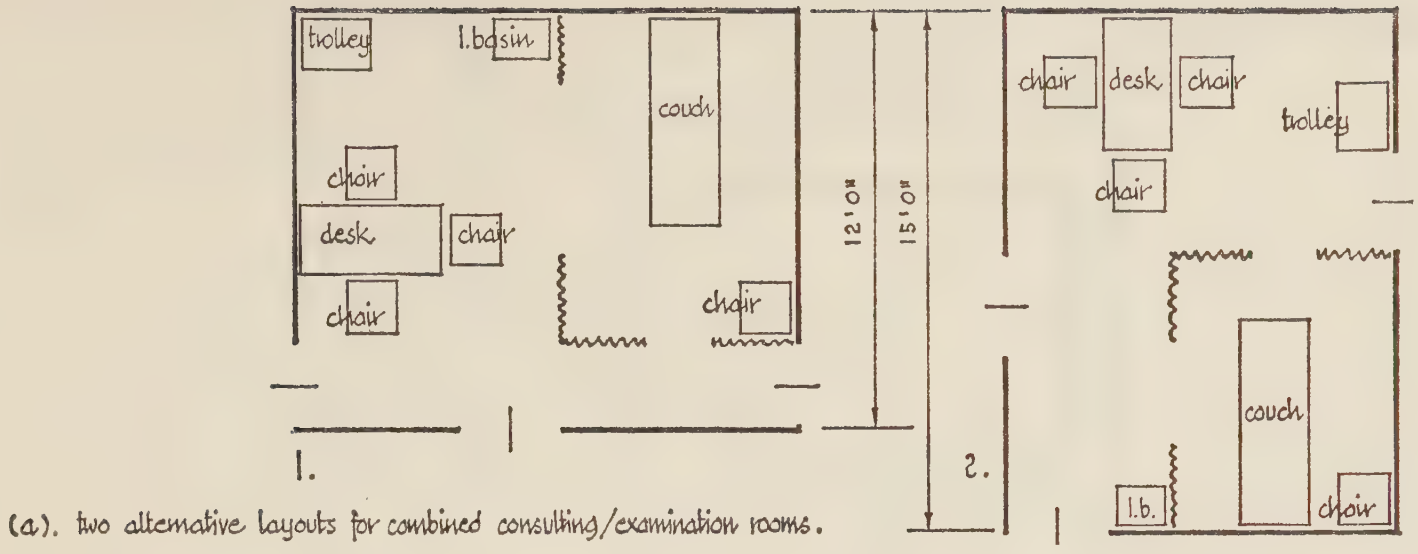
43. Special attention should be given to the ventilation of these cubicles. One of the most satisfactory methods is to build the walls separating the cubicles from each other and from the corridor, to about door height.

(xiv) Clean utility room

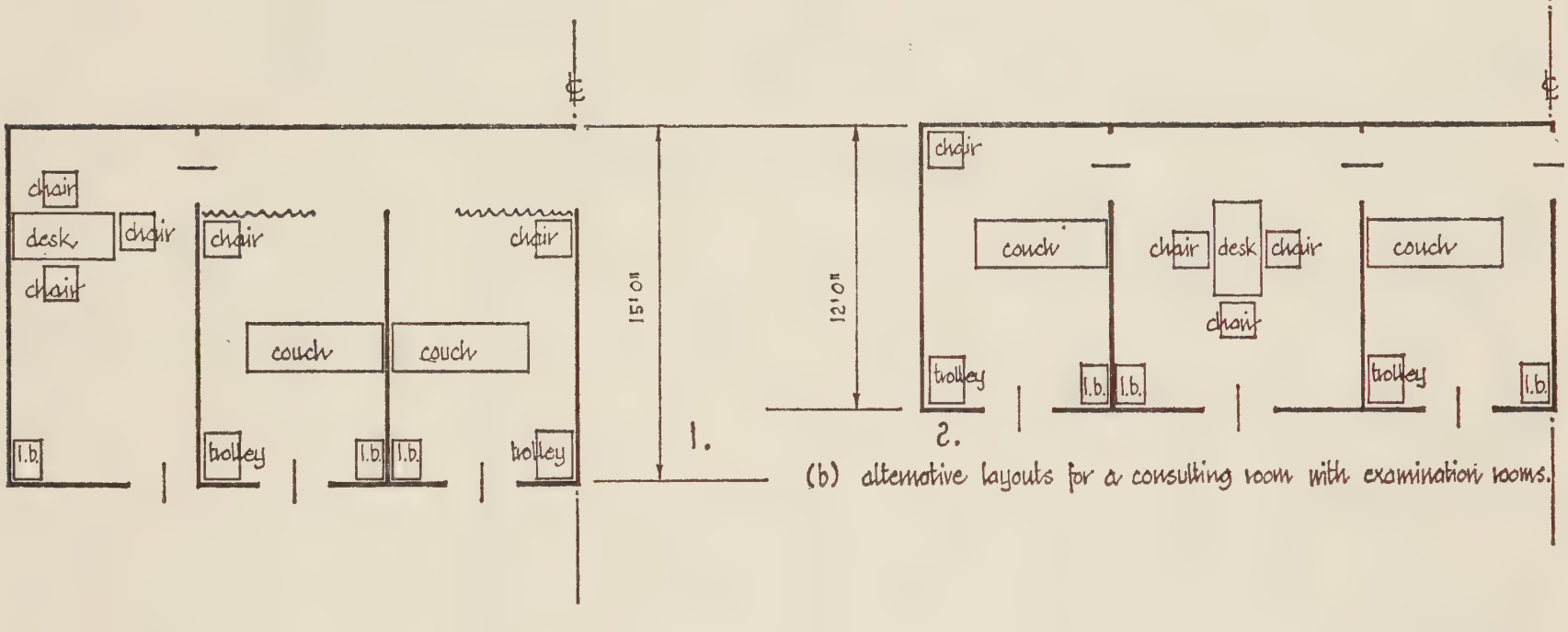
44. This is required as a preparation and storage room. A worktop will be needed, together with cupboard space for lotions, sterile packs, syringes, etc. and a space for a trolley for instruments and dressings. A lavatory basin with elbow taps should also be provided. 120 square feet should be sufficient.

(xv) Dirty utility room

45. This is for the collection of material awaiting disposal and for the storage of disposal bins, laundry bags, etc. It should be equipped with a sink and shelves. 100 square feet is recommended.



(a). two alternative layouts for combined consulting/examination rooms.



(b) alternative layouts for a consulting room with examination rooms.

(c). alternative layouts for examination rooms with undressing cubicles · both types of cubicle could be used with any of the examination rooms in (a) and (b) above but method 1. will require careful consideration of acoustical treatment between cubicle and examination room.

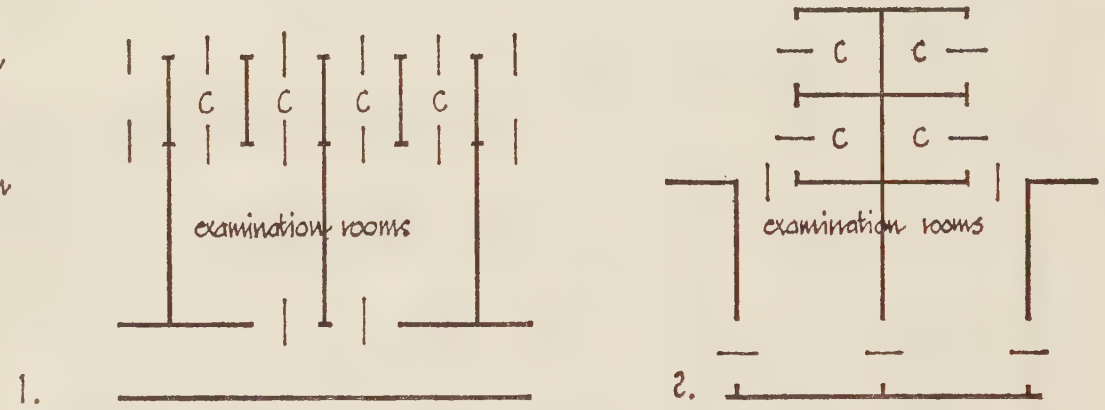


FIGURE 4. Typical layouts for consulting rooms, examination rooms and changing cubicles.

(xvi) Sister's office

46. An office of about 120 square feet is required for the sister. This should contain a desk or table, chairs, bookcase and a cupboard. It should be related both to the main waiting space and the consulting suites.

(xvii) Staff sanitary facilities

47. Several different categories of staff may be employed within the ante-natal clinic. Sanitary facilities are required for both sexes on the following basis:

1 w.c., 1 lavatory basin for men

1 w.c., 1 lavatory basin for every 12 women

48. The lavatories should be grouped and sited to cater for staff both in the clinic and in the administrative department.

(xviii) Linen storage

49. A floor area of 50 square feet should be allowed for the storage of linen. This could be in the form of lockable cupboards.

(xix) Cleaners' room

50. A cleaners' room of 50 square feet is required with a bucket sink with hot and cold water, drainer and space for mechanical cleaning equipment, cleaning utensils, etc. It may be shared with the administration and reception departments and should be conveniently close to both.

(xx) Pram shelter

51. This should be sited near the main entrance to the clinic, preferably within sight of the waiting area. Mothers should be able to carry their babies under cover from the pram shelter to the entrance. An area of 200-300 square feet is needed.

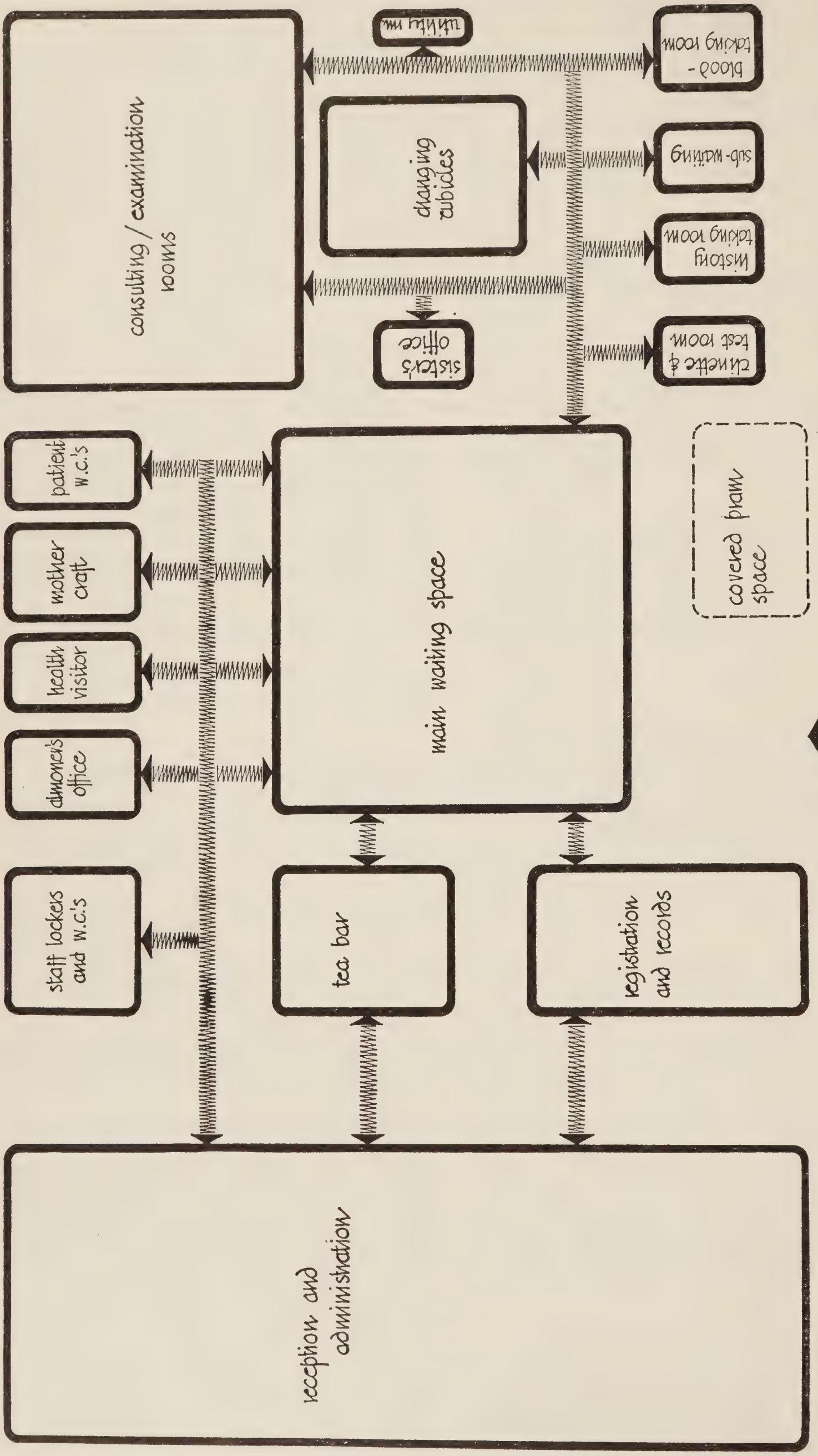


FIGURE 5. Diagram showing the relationship of the main rooms in the ante-natal clinic.

Figure 5 shows the relationship one to another of the various rooms in the ante-natal clinic.

(xxi) Circulation space

52. Corridors should be at least 7 feet wide in the clear.

(*b*) *Reception and Administration*

53. The following basic accommodation will be needed for departments of from 50-170 beds. Those in the upper range may require the additional accommodation shown under section B(*b*).

(i) Main entrance space

54. This space provides the in-patients and visitors with their first impression of the department and should have a welcoming appearance, avoiding a clinical atmosphere. An area of 200-400 square feet is needed.

(ii) Porters' station and public telephone

55. An open station or bay of 60 square feet for the porter should be sited in a prominent position. There should be a telephone or telephones for use by the general public.

(iii) Sanitary facilities for visitors and staff

56. A minimum of two w.c.'s with lavatory basins en suite should be provided for women, and one w.c. and one urinal with wash basin for men. These should be adjacent to the main entrance space. The total area required is 160 sq. ft.

(iv) Waiting room

57. A waiting room of approximately 120 square feet is required for visitors. It may on occasions be used overnight and should have a w.c. and lavatory basin planned near to it. It is rarely necessary to provide more than one room in the reception area since facilities will also be available on the ward floors.

(v) Medical staff office

58. This will be used for general office work during the day and should contain a desk or table, chairs, etc. A minimum area of 120 square feet is needed.

(vi) General office

59. One office should normally be adequate for typists working for the administrative staff of the department. An area of 60 square feet per person is needed, with a minimum total area of 120 square feet.

(vii) Superintendent midwife's office

60. An office is required for the midwife in charge of the department, with a small adjoining sub-waiting space and sanitary facilities. The total area required is 220 square feet.

(viii) Deputy Superintendent midwife's office

61. This office, of 120 square feet, should be adjacent to the Superintendent midwife's office, and the sub-waiting and sanitary facilities should be shared.

(ix) Emergency flying squad room

62. This should be close to the main entrance. It is used to store and prepare the equipment used for the emergency treatment of obstetric cases in their own homes before they are moved to hospital. Blood or plasma is not normally stored here as it can be obtained from the main hospital. The room should contain a worktop, storage and shelf space. An area of 100 square feet is sufficient.

(x) Circulation space

63. Corridor width will vary according to the planning layout adopted but should not be less than 4 feet 6 inches or more than 7 feet in the clear.

(*c*) *Admission suite*

64. The following accommodation is suitable for departments within the range of 50-170 beds.

(i) Sub-waiting space and midwives' station

65. The suite should have only one point of entry, into a sub-waiting space of about 80 square feet containing chairs and a small desk for the midwife.

(ii) Examination room(s)

66. Where admission is direct to the first stage rooms (i.e. in those departments in which the labour suite is combined with the ante- and post-natal wards) a single examination room will suffice. In all other cases a minimum of two examination rooms is needed, with a third where there are more than 80 lying-in beds. The room(s) should be entered from the sub-waiting space and should contain a couch, stepping stool, small table, chairs, a basin, facilities for hanging clothes, and a small cupboard for equipment. 120 square feet is required for each room.

(iii) Sanitary facilities

67. One bathroom of 120 square feet, possibly with a separate shower, is required. The bath should be free standing. Two w.c.'s or one w.c. and one clinette, with lavatory basins en suite, are needed adjoining the utility room.

(iv) Utility room

68. This room of about 60 square feet is used for urine testing, etc., and should contain a sink, worktop, storage space and shelves.

(v) Circulation space

69. The corridors should be at least 7 feet wide in the clear.

(*d*) *Ward units*

70. The ward units should be planned to give maximum flexibility in use. The size of the ward

unit will depend partly on whether or not there is a centralised labour suite. About 24 beds form a reasonably economic unit where the labour suite is part of the ward unit; or about 28 beds where the labour suite is centralised. About one quarter to one third of the beds in the unit should be in single rooms. Approximately one quarter of the total number of beds will generally be for ante-natal patients. The provision of separate ward accommodation for isolation purposes is not normally required as patients with infectious diseases will be removed to an isolation department. In exceptional circumstances where the number of patients with suspected infection or who require special isolation is likely to be sufficiently high, some of the beds might be set aside to form a separate isolation ward.

(i) Multi-bedded rooms

71. Four-bedded rooms are usually preferred in maternity departments, but occasionally (e.g. where a ward unit divided into four-bedded and single rooms results in too high a proportion of single rooms) a number of six-bedded rooms might be considered. Because of the increasing practice of "rooming-in" babies with their mothers, open bays are not favoured as they tend to increase the risk of cross infection and present noise problems. An area of about 110 square feet per bed allows for "rooming-in" of babies. Wards will require this area to facilitate their use for both ante-natal and post-natal patients.

72. In a four-bedded ward a minimum width of 21 feet and an approximate depth of 21 feet is required to give adequate room for lockers, cots, etc. The mother requires a small bedside locker and a cupboard for storing clothes. For the baby a cot with some storage space incorporated is usually better than a separate locker. The baby's bath may be stored either with the cot or in the nursery. Bed centres should be 8 feet apart. Cots are best placed beside the mothers and not at the end of the bed. A small table and a minimum of four chairs will be required. Two lavatory basins are needed, one of which should be screened by curtains. The other should be fitted with elbow-operated taps.

(ii) Single rooms

73. The single rooms should contain a patient's bedside locker, a cot, a chair, an armchair, a small cupboard for hanging clothes and a basin with elbow-action taps. The recommended size is 120 square feet. One single room of a ward unit should be soundproof or in a quiet position, and fitted with darkening facilities for patients with severe toxaemia.

74. Normally two of the single rooms, together with their own w.c., shower and lavatory basin compartment and a small dirty utility room (60 square feet) and nursery (100 square feet) are set aside in each ward unit for patients requiring observation or isolation.

(iii) Nurseries

75. To allow for a flexible use of ward units there should be a nursery for each multi-bedded lying-in room, allowing 30 square feet per baby. The nursery should adjoin, or be as close as possible to, the associated multi-bedded room. Babies will normally be with their mothers, but occasionally (e.g. when the wards are being cleaned or when the baby cries, especially at night) they will be brought in their cots to the nursery. Fixed baths are not recommended and storage space for portable baths is needed. A lavatory basin or a Belfast type sink for filling baths is required. There should also be storage space for linen. A nursery of 100 square feet, containing two cubicles, will be needed in association with the two single rooms set aside for patients requiring observation or isolation.

(iv) Milk kitchen

76. Milk feeds are normally prepared in the central milk kitchen of the special baby care unit when one is provided. However, a room is also needed on each ward floor for the storage, collection and warming of feeds. A small domestic refrigerator, a sink with drainers, and storage space is required. An area of 60 square feet is sufficient. Where there is no special baby care unit there should be either a central milk kitchen (see para. 156) on one of the ward floors or a larger milk room on each ward floor. The latter needs to be divided into a clean and dirty side following the general principles set out in paragraph 156, but areas may be reduced to 60 square feet for the dirty side and 100 square feet for the clean.

(v) Day room

77. The day room should be the same size as a four-bedded ward, 440 square feet. In some cases it may be an advantage to make it divisible into two smaller areas with the aid of screens or movable partitions. It should be conveniently located for easy access by patients and supervision by nursing staff, and sited near the ward kitchen. Suitable chairs, bookshelves and a few small tables are needed.

(vi) Sanitary facilities

78. Most patients will be ambulant. A high proportion of w.c.'s is therefore needed and these should be evenly distributed throughout the ward floor. One w.c. is needed for every four patients, excluding those provided for isolation patients. Each w.c. compartment should have a lavatory basin. One bathroom should be provided for every eight patients, though one bath may be replaced by two showers, if desired. One bathroom on each ward floor should have a free-standing bath. This room will need to be at least 10 feet by 12 feet and should contain a lavatory basin.

79. Increasing use is being made of bidets in maternity departments. These should be of the

fountain type and one bidet should be provided in conjunction with each w.c. They should either be placed in an adjoining or in the same compartment as the w.c. and lavatory basin. In addition, there should be facilities for the dispensing and disposal of sanitary pads. Separate compartments with ablution facilities are not considered to be necessary as patients will normally have daily baths or showers and other ablutions will normally be carried out in the ward.

(vii) Clean utility room

80. As supplies will normally be available from a central sterile supply department this room is required as a preparation and storage area for making up trolleys for bedside treatment. It should be equipped with worktops or trolleys for dressings and instruments, cupboard space for lotions, sterile packs and syringe service equipment. A lavatory basin fitted with elbow-operated taps is required and facilities for the heating of solutions and storage of dressings. A minimum floor area of 100 square feet will be required.

81. Where there is no central sterile supply department arrangements should be made to sterilise in main autoclaves all packs and instruments required throughout the maternity department.* This could best be done in the vicinity of the delivery/operating theatre suite. A minimum area of 200 square feet will be needed (i.e. an additional room—see para. 174).

(viii) Dirty utility room

82. This is where material awaiting disposal can be shut off from the corridor and where bowls and instruments can be rinsed before they are sent either to the central sterile supply department or to the clean utility room. The room should be adjacent to the clean utility room and be equipped with a sink and shelves. Provision should be made for the storage of disposal bins and laundry bags, etc. About 100 square feet is recommended. A small dirty utility room of about 60 square feet is also needed in association with the two single rooms set aside for patients requiring operation or isolation (see para. 74).

(ix) Sluice room

83. This is essentially a place for emptying, cleaning, and storing bed-pans and it should contain a flushing sink, bed-pan washer and disinfector, storage facilities and a lavatory basin. There should be a ventilated storage cupboard for stool specimens and 24-hour urine specimens, etc. A minimum floor area of 100 square feet is recommended. Very few bed-pans are used in a maternity ward and this area should give sufficient space for urine testing to be carried out. If desired, however, a small bay of 20 square feet might be added for urine testing. It should be borne in mind that the equipment needed in sluice rooms may alter as a result of experiments now taking place in the use of disposable material and mechanical disposal units.

(x) Ward pantry

84. The size and equipment of the ward pantry depends on the method of food service to the patient. Where possible, ward washing-up should be centralised near the main kitchen. Under this arrangement the function of the ward pantry will be the distribution of meals and the preparation of beverages. The equipment to be provided should include one stainless steel sink, a hot closet with boiling rings, a toaster or grill, a refrigerator, an instantaneous water boiler and a wash basin. Storage space for crockery, cutlery and beverage ingredients etc. will be needed, together with space for tray racks and a service trolley. An area of about 120 square feet will be required.

85. Where it is necessary for patients' crockery to be washed in the ward pantry, the equipment listed above will be required together with a small dish-washing machine. A total of 8 feet run of drainer is needed, arranged in sections at either end of, and between, the single sink and dish-washing machine. Alternatively the dish-washing machine may be replaced by a heated rinsing sink. An area of 200 square feet will then be needed for the room.

(xi) Sister's office

86. This is essentially a ward office, used for interviewing staff and relatives and preparing reports. The room should contain a desk or table, chairs, and possibly bookcases and a filing cabinet. The recommended size is about 120 square feet.

(xii) Midwives' station(s) or duty room

87. These are alternatives but it may be necessary to provide both on one ward unit where the department is used for midwifery training. An open midwives' station should be equipped with a table, two or three chairs, cupboards, drug cupboard, telephone and patient/nurse call system and space for records; it may also require a sink. In departments not used for midwifery training a duty room similarly equipped and furnished may be preferred. The recommended size for an open station is about 80 square feet and that for a duty room is 150 square feet. In midwifery training schools where both may be provided, the duty room will be used mainly for midwifery training; therefore only one will need to be equipped as described. Where two ward units are planned on one floor it may be preferable to provide one duty room for shared use, together with two midwives' stations.

(xiii) Equipment store

88. With centralisation of supplies the need for a large number of stores dispersed throughout a hospital is reduced. Storage space is, however, needed in the ward unit and this can be provided by a room or cupboards; a total provision of about 80 square feet should normally satisfy this need.

* H.M. (62) 59 para. 8.

(xiv) Linen room or bay

89. With the present practice of a centralised linen supply, it is usual for each ward unit to hold its day-to-day working stock in linen bays (or cupboards) totalling some 60 square feet in area.

(xv) Trolley space

90. Trolleys and wheel chairs used for taking patients to diagnostic and treatment departments are frequently stored centrally under the supervision of the portering staff. Provision should, however, be made for housing wheel chairs which are used and kept within the ward unit. An area of 100 square feet will be required for each ward unit.

(xvi) Flower room(s) or bay(s)

91. A small room or bay for arranging and changing flowers is required. This should be designed to take two trolleys and a small sink, together with some storage space. About 50 square feet will be required for each ward unit.

(xvii) Cleaners' room

92. A cleaners' room is required with a bucket sink with hot and cold water, drainer and space for mechanical cleaning equipment, cleaning utensils, etc. 50 square feet should suffice.

(xviii) Staff sanitary facilities and cloakroom

93. The staff lavatory and cloakroom, fitted with lockers for personal possessions, could be shared by more than one ward unit. Clothes lockers for non-resident staff should be provided centrally.

(xix) Doctors' room

94. A room of about 120 square feet is required where doctors can write up notes and give occasional consultations. One room is needed for each ward floor, or one to each ward where a labour suite is combined with the ward. An adjoining w.c. and lavatory basin is needed.

(xx) Visitors' room

95. Waiting space of 120 square feet is required for visitors to the department. One room should be provided to each floor, or one to each ward where a labour suite is combined with it. The room should have adjacent sanitary facilities and should be furnished with chairs, a table and a convertible couch for occasional overnight stay.

(xxi) Circulation space

96. Corridors should be well lit and ventilated and a minimum width of 7 feet in the clear is recommended.

(e) Labour suite

97. This may be either combined with the ward, as advocated by the Maternity Services Committee or separately grouped, perhaps with an operating theatre, as a centralised suite away from the wards. The following points should be given careful consideration where the suite is combined with the ward:

(1) The prevention of noise from the delivery rooms reaching the first stage rooms and adjoining wards.

(2) Easy access to, and supervision of, both first stage and delivery rooms by staff.

(3) It should not be necessary for patients to be taken through a ward unit in order to obtain access to the labour suite.

98. Where the suite is centralised the following points should be considered:

(4) The avoidance of noise passing between the first stage and delivery rooms.

(5) The suite should be planned so that half of it may be shut down for cleaning, etc., without interfering with the working of the other half.

(6) Where the number of delivery rooms is greater than can be adequately supervised by one nursing team it may be necessary to divide the suite into two or more units, each of which should be in the charge of one team. This is shown diagrammatically in Figure 6.

(i) Day room(s)

99. These should be placed at the entrance to the labour suite where they can be made easily available for visitors. They should contain suitable chairs, small tables, bookshelves, magazines, racks, television and radio. Generally one room of 120 square feet is adequate, but where there are more than six delivery rooms, a second room of the same area will be required.

(ii) First stage room

100. These should be provided in the proportion of one to ten post-natal beds. The doors should be wide enough to take a bed, and should be fitted with a small observation window. The room should contain two chairs, a bedside locker and a hinged shelf suitable for the writing of notes. In some departments it may be useful to provide a small lockable hanging cupboard above the hinged shelf to contain foetal stethoscope, sphygmomanometer, etc. An area of 120 square feet is needed.

(iii) Patients' sanitary facilities

101. A w.c. and basin will be required for each pair of first stage rooms.

(iv) Sluice

102. This should be accessible to both first stage and delivery rooms. The possible use of more disposable items and mechanical disposal units in the future may have a marked effect on the layout and content of this room. The room should be as described in paragraph 83 and an area of 100 square

feet is required. Normally one sluice will be required for a labour suite but where the suite is sub-divided one sluice will be required for each unit. Care should be taken to avoid noise passing from this room to those adjoining.

(v) Delivery rooms

103. One delivery room is required for every ten post-natal beds. The doors to the room should be wide enough to take a bed and be fitted with a small observation window. The room should be designed to allow for ample space at the foot of the bed. The position of the piped oxygen and suction points, and the overhead adjustable light, should be carefully considered in relation to the bed, as should piped oxygen and suction points for the baby. In addition to the usual equipment, the room should contain an x-ray viewing screen, a fixed wall blood pressure apparatus and a hinged shelf. A sink with elbow-operated taps is needed. Where scrub-up facilities are provided within the delivery room they are best separated from the main part of the room by a glazed screen. A minimum area of 250 square feet will be required, increasing to 300 square feet where scrub-up facilities are included.

104. Where there is no operating theatre suite one delivery room should be planned so that it can be used for an occasional Caesarean section. In this case the room should be increased to 300 square feet and a scrub-up room as described in paragraph 171 below should be provided. An anaesthetic room of 150 square feet leading off this delivery room will also be needed.

(vi) Clean utility room(s)

105. A minimum of one clean utility room is required for a suite. Where there are more than four delivery rooms forming a suite it will be necessary to provide an extra clean utility room. The room should be as described in paragraph 80 above, except that 150 square feet will be needed.

(vii) Sink room(s)

106. These should be planned in association with the clean utility and delivery rooms, one room being required for each clean utility room provided. They should contain a slab, sink and slop hopper unit, together with a flexible hose. An area of about 100 square feet is needed.

(viii) Linen bay or cupboard

107. About 50 square feet is required for the day-to-day working stock of linen. Where the labour suite is centralised and contains six or more delivery rooms two bays of 50 square feet may be needed.

(ix) Equipment store

108. This will be used for the storage of anaesthetic apparatus and other large pieces of equipment. An area of approximately 80 square feet will be required. Where the labour suite is centralised and contains six or more delivery rooms two stores of 80 square feet may be needed.

(x) Sister's office

109. This should be similar to the Ward Sister's office in paragraph 86 above and the recommended size is about 120 square feet.

(xi) Duty room

110. This should be as described for the duty room in paragraph 87.

(xii) Doctors' room

111. This should contain a table or desk, chairs, shelves for books and some storage space. An area of 120 square feet is needed.

(xiii) Changing rooms

112. Two changing rooms should be provided, one for male doctors and the other for female doctors and midwives. An easily cleaned area containing a shower, w.c. and lavatory basin with elbow-operated taps, should adjoin each changing room. Generally, an area of 120 square feet is required for each changing room. However, where the labour suite is centralised and contains more than four delivery rooms, the female changing room should be increased to 250 square feet.

(xiv) Trolley space

113. A bay is needed for trolleys and wheel chairs.

(xv) Pantry

114. This will be used for preparation of beverages and light meals. An area of 60 square feet is sufficient.

(xvi) Cleaners' room

115. 50 square feet is needed and the room should be as described in paragraph 92.

(xvii) Circulation space

116. Corridors should be at least 7 feet wide in the clear.

(f) Operating theatre suite

117. A Building Note will shortly be published giving the latest recommendations on Operating Theatres. This will revise Hospital Building Bulletin No. 1 in a number of respects, although most of the information in that Bulletin (e.g. on equipment and finishes) is still applicable. The operating theatre suite in a maternity department should conform broadly to the recommendations in these documents. It is not usually necessary, however, to provide a recovery room as a series of operations is rarely undertaken.

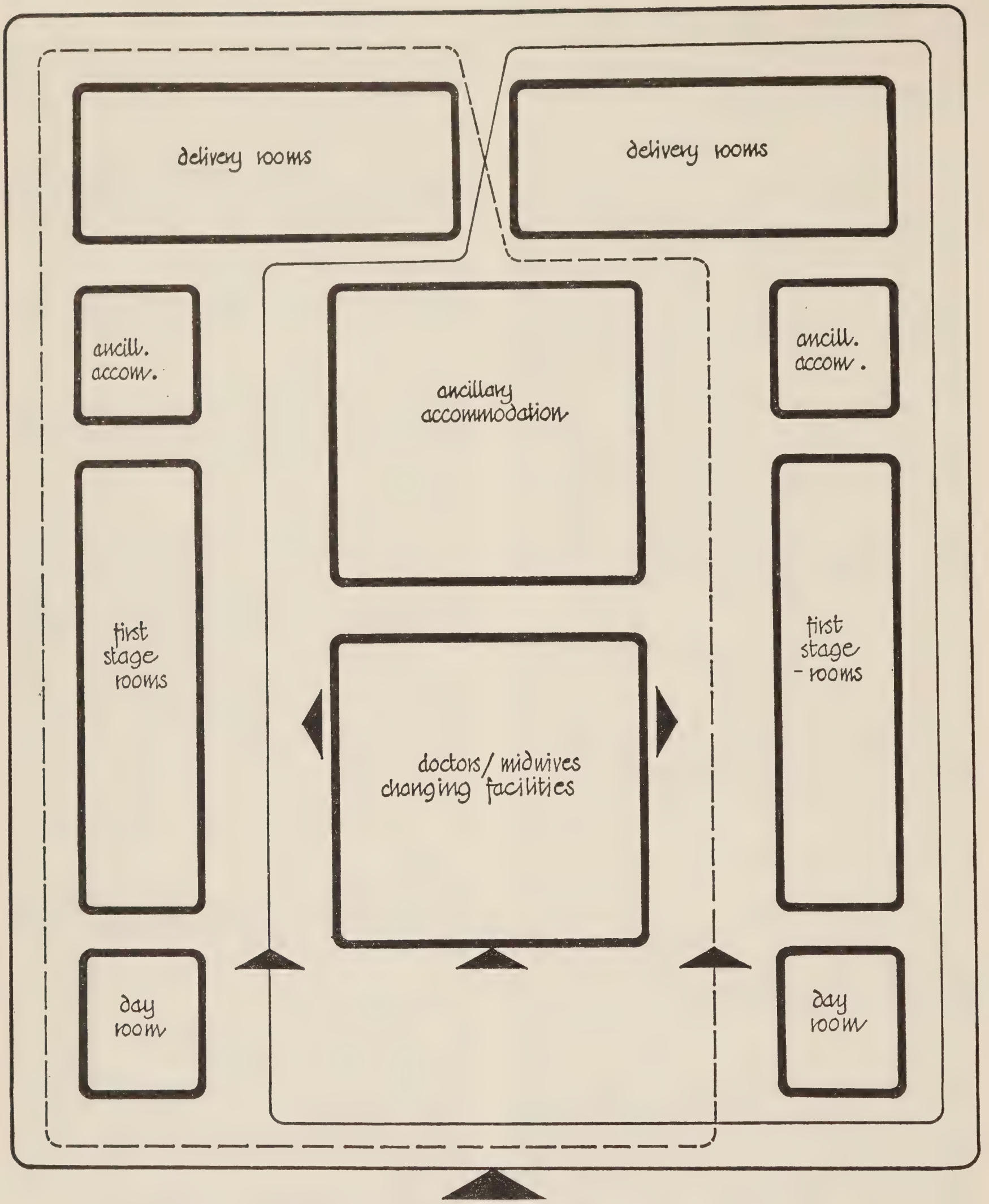


FIGURE 6. Diagram illustrating one method of "twinning" a labour suite.

(i) Theatre

118. An area of about 360 square feet will be required with a minimum dimension of 18 feet and a minimum clear height of 10 feet to allow adequate mobility of the centre light fitting.

119. This room should be equipped in the same way as for major theatres; it will require an operating light, an operating table, a double x-ray viewing screen, and suction points. In addition, a baby's cot and resuscitation trolley will be required. There should be double doors to the corridor and anaesthetic room.

(ii) Anaesthetic room

120. An area of about 170 square feet is needed and the room should be planned with double doors, wide enough to take a bed, leading directly to the theatre.

121. The built-in equipment required is usually a sink, drainer, and worktop, with high-level cupboards

for materials and instruments. When built-in equipment is arranged on both sides of the room the width should be not less than 11 feet 6 inches: but if the equipment is on one side only, 10 feet should suffice.

122. A suction point will generally be required.

(iii) Sterile supply room

123. In most cases the maternity department and its operating theatre suite will be supplied with sterile packs from the central sterile supply department: these will include theatre instruments.

124. The sterile supply room should be equipped with shelves for storing three days' supply of packs (to cater for week-ends and public holidays) and cupboards for lotions. There should be space for preparing and parking the theatre trolleys.

125. An area of about 120 square feet should be adequate. There should be a door leading to the theatre.

(iv) Sink room

126. This should be approximately 110 square feet and have a door leading directly to the theatre. It should be equipped with a sink, slop sink and drainer, and worktop. Used articles ready for disposal should be removed from this room without passing through the theatre suite. Used trolleys, after being stripped and cleaned in this room, will be returned to the theatre or sterile supply room.

(v) Scrub-up and gowning area

127. An area of about 100 square feet should be provided outside the theatre, either as a separate room or a lobby. Some surgeons like to be able to observe the activity in the theatre while they are scrubbing-up and in this case a glazed panel should be provided in the partition wall between this room and the theatre.

(vi) Changing room(s)

128. A total area of 220 square feet is needed. The rooms should be equipped as in paragraph 112 above.

(vii) Sister's office

129. An area of 100 square feet should be provided and the room should be furnished as described in paragraph 86.

(viii) Equipment store

130. An area of 125 square feet is required.

(ix) Cleaners' room

131. 50 square feet is needed and the room should be as described in paragraph 92.

132. When the operating suite is planned with a centralised delivery suite the above rooms (vi-ix) can be combined and shared.

(x) Plant room

133. This should allow sufficient space around the equipment for access and maintenance. There should also be space to allow the engineer to clean and renew filters, etc., and to store spares. About 300 square feet will be needed.

(xi) Circulation space

134. The corridors should be at least 7 feet wide in the clear.

(g) Special baby care unit

135. Where these units are provided it is likely that they will cater for from 15 to 25 babies depending upon the area served. Details on the need, planning and provision of special baby care units are given in the Report of the Sub-Committee on the prevention of prematurity and the care of premature infants.* Separate rooms will be needed in every unit to give suitable temperature conditions for premature and other sick infants at all stages of progress. Although hot, warm and cool rooms are needed to care for the infants at the various stages of development, it is desirable, in order to achieve maximum flexibility of use, to plan them all together and to instal thermostats in all rooms so that they may be interchangeable if necessary. Incubators provide individual humidity so that humidification of the incubator room is not necessary. For babies nursed in open cots in the warm room, humidity control is desirable. The position of the piped oxygen and suction points should be carefully considered in relation to the cots.

136. No room should contain more than six incubators or cots and an area of 50 square feet will be needed for each infant. To facilitate easy observation of babies, it is desirable to have a portion of the room glazed. Care should be taken to protect babies from sun glare. Wall and floor finishes should allow easy cleaning, and ledges where dust may collect should be avoided.

(i) Hot room or incubator room

137. The temperature of this room will need to be maintained at 80°F. where open incubators are used.

(ii) Warm humidified room(s)

138. Infants will be nursed in open cots in this room at a temperature of about 70°-75°F.

(iii) Cool room(s)

139. Infants will be nursed in open cots at temperatures of about 60°-65°F.

(iv) Observation or isolation room(s)

140. These should be planned so that they may be isolated from the remainder of the unit. It will normally be necessary to provide one or two only and it is essential that they are completely separated from each other by ceiling height partitions. The room or rooms should be planned in conjunction with a utility room.

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*H.M.S.O. 1961 price 9d.

141. A total area of 50 square feet per cot should be allowed for rooms described in paragraphs 137-140.

(v) Utility room

142. This should be planned in conjunction with the observation or isolation room(s) above and should contain a sink, drainer and some storage space. 50 square feet is needed.

(vi) Treatment and transfusion room

143. This is where resuscitation, transfusion or other treatment may be carried out. The room should contain a lavatory basin with elbow-operated taps. About 180 square feet is required.

(vii) Clean utility room

144. This should be as described in paragraph 80.

(viii) Dirty utility room

145. This should be as described in paragraph 82.

(ix) Linen room or bay

146. An area of 60 square feet should be allowed for the working stock of linen.

(x) Duty room

147. This room should be as described in paragraph 87.

(xi) Storage room for equipment

148. Storage space is required for mobile equipment. Approximately 80 square feet is needed.

(xii) Demonstration room

149. This is required for instructing mothers in the specialised care required by premature babies. It should contain comfortable chairs and a table and some storage space. 100 square feet is required.

(xiii) Single rooms for mothers

150. These will cater for mothers of premature babies who have been transferred from other hospitals as well as those who were delivered within the department. They will be used by mothers who are ambulant and not in need of midwifery nursing. Mothers in need of care will be nursed in the lying-in wards. One room should be provided for every 10 cots with a minimum of two single rooms. The size and equipment should be as described in paragraph 73.

(xiv) Sanitary facilities for the above

151. One bath or shower, lavatory basin and w.c., total area 120 square feet, should be provided for the single rooms.

(xv) Pantry

152. This will be used for the preparation of beverages and light meals only. An area of 60 square feet is sufficient.

(xvi) Nurses' changing room

153. An area of about 120 square feet is needed and the room should be as described in paragraph 112.

(xvii) Staff sanitary facilities and cloakroom

154. These should be as described in paragraph 93.

(xviii) Cleaners' room

155. 50 square feet is needed and the room should be as described in paragraph 92.

(xix) Central milk kitchen

156. This should be divided into two completely separate sections:

(*a*) "Dirty." This side is used for receiving and washing used feeding equipment. It should have a sink, draining board and cupboards for storage. Rotating brushes, etc., may be fitted to assist bottle washing and a double sink may be an advantage for washing and rinsing bottles. An area of 80 square feet should be sufficient.

(*b*) "Clean." This side is used for the sterilisation of equipment and preparation of feeds. It should connect with the "dirty" side by a hatch. A sink, draining board, worktop, cupboards, a refrigerator and an electric kettle or boiling ring will be required. The type of apparatus needed for sterilisation will depend upon the method used by the hospital. A single or double ended autoclave may be provided or sterilisation of the bottles may be carried out in the central sterile supply department. An area of 120 square feet should be allowed, whether or not an autoclave is provided.

(xx) Circulation space

157. Corridors should be well lit and ventilated and a minimum width of 7 feet in the clear is recommended.

(h) Midwifery training unit

158. Every maternity department where pupil midwives or obstetric nurses receive training will require a class room and an office for the midwife teacher. Other facilities required should preferably be associated with the Nurses' Training School (see Building Note No. 14). It is recommended that full advantage be taken of these facilities but some additional accommodation specifically for midwifery needs may be required.

(i) Classroom

159. This will contain the usual teaching equipment together with a storage cupboard, desks and chairs. 20 square feet per place should be allowed with a minimum of 300 square feet in total.

(ii) Midwife teacher's office

160. An office of 120 square feet will be needed

for the midwife teacher. It should contain desk, chairs, filing cabinet and book shelf.

(iii) Circulation space

161. If the accommodation for midwifery training forms a self-contained unit it is not necessary for corridors to exceed 4 feet 6 inches in width. It is likely, however, that these teaching facilities may be combined with one of the other groups of accommodation forming the department, and corridor widths would then need to conform to those required for the particular group of accommodation.

B. Additional accommodation

(*a*) *Ante-natal clinic*

(i) Children's waiting space

162. This should be near the main entrance and off the waiting area. An area of 120-200 square feet would be required.

(ii) Consulting room(s) for paediatrician

163. This might be necessary for the follow-up examination of babies from the maternity department and special care unit. An area of 120 square feet would be required. The room should contain a desk, chairs, a small table, an x-ray viewing screen and a wash basin with elbow-action taps.

(iii) Weighing room for babies

164. This room would be used for the undressing and weighing of babies and would require a table, chairs and weighing equipment, together with a number of low nursing chairs for mothers. It should also contain a small cupboard for storage purposes and a wash basin. An area of 200 square feet would be needed.

(iv) Minor treatment room

165. This should be planned in conjunction with the clean and dirty utility rooms. Minor treatment would be carried out here and the room should contain an examination couch and chair, an adjustable light fitting and a surgeon's wash basin with elbow-operated spray taps. An area of 120 square feet would be required.

(v) District midwives' room

166. At present this room is rarely needed, but it is possible that where there is a central sterile supply department catering for the local authority, a room may be required in which the district midwife can make up her bag. The equipment required will be similar to that for a clean utility room. 100 square feet is needed.

(*b*) *Reception and Administration*

Extra office space

167. A single general office will normally be sufficient. However where the size of the department is very large, or where adequate facilities are not available in the main hospital, it may be necessary to provide extra general office space. An area of 60 square feet per person would be needed with a minimum allowance of 100 square feet.

(*c*) *Admission unit*

Visitors' waiting-room

168. In some departments it may be necessary to provide a small waiting-room for visitors. It should contain some comfortable chairs, a low table and possibly bookshelves. 100 square feet would be sufficient.

(*d*) *Ward unit*

(i) Treatment room

169. Some departments, such as those with a high proportion of abnormal cases, may require a treatment room to which the patient will be brought in her bed. The room should be designed to take a standard hospital bed and should contain a stool, two treatment trolleys, a wall or ceiling mounted adjustable spotlight and a lavatory basin fitted with elbow-operated taps. It should be adjacent to the clean and dirty utility rooms. An area of about 180 square feet would be needed.

(ii) Patients' utility room

170. A room may be provided where ambulant patients can launder personal clothing, wash their hair, etc. It should be fitted with a sink, worktop, and drying rack. There should be a recess or bay containing a lavatory basin, hand spray, hair dryer and mirror. An area of 120 square feet is needed.

(*e*) *Labour suite*

(i) Scrub-up room(s)

171. Some departments may prefer to have separate scrub-up rooms. These should be closely associated with the delivery rooms: one for every two delivery rooms would normally be required. Where the delivery room is used as an operating theatre, a separate scrub-up room is needed. An area of about 60-90 square feet is adequate and the room should contain two basins with elbow-operated taps as well as shelves for sterile packs.

(ii) Medical staff room

172. In a centralised labour suite an office for medical staff may be needed, capable of use for overnight stay. It should contain a divan or studio couch, table, chairs and a bookcase. 110 square feet is needed.

(iii) Storage for mobile x-ray equipment

173. X-ray equipment should be stored in the diagnostic x-ray department of the hospital. Where mobile x-ray equipment is used solely for the maternity department, it will be necessary to provide a room for its storage. It may be placed either in the labour suite or on the ground floor, whichever is more convenient. 60 square feet will be required.

(iv) Sterilising room

174. Where there is no central sterile supply department arrangements should be made to sterilise in main autoclaves all packs and instruments required throughout the maternity department.* This could best be done in the vicinity of the delivery/operating theatre suite. A minimum area of 200 square feet will be needed.

(*f*) *Special baby care unit*

Day room

175. This may be needed for ambulant mothers using the single rooms of the unit. The room should be furnished with suitable chairs, bookshelves and small tables. An area of 120 square feet is required.

(*g*) *Midwifery training unit*

176. Where a nurses' training school is a long distance from the maternity department, it may be necessary to provide further accommodation for midwifery training, e.g. a library and study room (probably combined), and a second classroom.

(i) Library/study

177. An area of 300 square feet should be allowed. This is sufficient for 20 pupils. If there are more than this number a separate study of 150 square feet may be needed.

(ii) Second midwife teacher's office

178. This may be as described in paragraph 160.

(iii) Second classroom

179. This will be as described in paragraph 159.

(iv) Staff sanitary facilities

180. The provision of lavatory facilities for use by the staff of the midwifery training unit will be greatly dependant on the size and position of the unit in the maternity department. Where no other staff sanitary facilities are conveniently available, a w.c. together with a lavatory basin will be needed and an incinerator may be required.

V. Engineering services

181. The engineering services should be designed and installed to ensure ease of maintenance and the minimum interruption of services and disturbance to the working of the department while repairs are being carried out. The provision of meters for departmental costing purposes should be considered where these can be installed conveniently and inexpensively.

Mechanical services

Heating and ventilation

182. The department will normally be heated from the hospital central heating system.

183. The following table gives recommended heating design temperatures and ventilation rates based on an external temperature of 30°F.:

Accommodation	*Temperature*	*Air changes per hour*
Operating theatre suites ...	65/75°F	See Hospital Building Bulletin No. 1 on Operating Theatre Suites
Delivery and treatment rooms	70°F	6‡
Special baby care unit		
†Hot room or incubator room	65/80°F	6‡
†Warm humidified room...	70/75°F	6‡
Observation or isolation room	70°F	6‡
Treatment and transfusion rooms ...	70°F	6‡
†Cool room, central milk kitchen	65°F	6‡
Demonstration room ...	65°F	2
Single rooms for mothers	65°F	3
Consulting rooms, examination rooms, minor treatment rooms, baby weighing room, changing and undressing rooms and/or cubicles	70°F	2
Multi-bed wards, single bed wards, first stage rooms, nurseries, day rooms and main entrance	65°F	3
Mothercraft and instruction room, health visitor's room, blood taking and testing room, porters' station, midwives' stations or rooms, doctors' rooms, duty rooms, staff rooms, offices, classrooms, library, waiting areas / spaces / rooms and patients' sanitary accommodation on the ward floors, tea bar, visitors' room ...	65°F	2

*H.M.(62)59 paragraph 8.

†These rooms should be interchangeable for use. (See paragraph 135.)

‡Mechanically ventilated. Relative humidity, 60%-65%.

Accommodation	*Temperature*	*Air changes per hour*
Small milk kitchen, pantry, clean and dirty utility rooms, scrub-up rooms, clinette and test room, sluice and sink rooms, staff cloaks, changing rooms and all other sanitary accommodation other than patients' sanitary accommodation above	60°F	2
Linen room/stores, emergency flying squad room and ward pantry ...	60°F	½
Equipment stores and cleaner' rooms	50°F	½

184. The above requirements are usually met by the conventional hot water radiator system which has comparatively low installation and maintenance costs.

185. Radiators should be placed below windows and against exposed walls to counteract cold air currents. Sufficient clear space should be left beneath to facilitate the use of cleaning machines.

186. If ceiling heating systems are used they should conform to the recommendations of the Medical Research Council's Environmental Research Unit. These may be found in the "Guide to Current Practice" of the Institution of Heating and Ventilating Engineers.

187. There are indications to suggest that floor heating in ward units is not entirely satisfactory and that experience shows that this form should be used only in association with other types of heating.

188. Where rooms require heating to a higher-than-normal temperature the most suitable arrangement is to provide heating to normal temperature by means of the general heating system and the additional heating by thermostatically controlled electric heaters. Luminous electric fires may also be installed in day rooms to provide a focal point for sitting and for use on cold summer days. An alternative form of heating is desirable in rooms where patients are changing, or likely to be undressed, i.e. consulting rooms, examination rooms, treatment rooms, etc., for use on cold summer days when the central system is not in use. Consideration should be given to the zone control of the heating system. This is of importance where the building incorporates a high proportion of glazing and where, due to solar heat gains and exposure, temperature control may be difficult.

189. The delivery rooms, principal rooms of the special baby care unit, and treatment rooms, should be provided with mechanical ventilation. It is essential that the design of the ventilating systems should provide acceptably quiet operation.

190. The fresh air should be filtered, warmed and humidified and introduced into the room at high level through diffusers designed to ensure an even distribution of the air and to avoid draughts. Discharge from the rooms should be by means of a suitably placed low level grille with a lightweight flap valve to the outside. A slightly pressurised condition in the room should be maintained to prevent the entry of air from the corridors.

There should be no recirculation of air.

191. Internal rooms and lavatories should be provided with mechanical extract ventilation. All rooms with mechanical extract ventilation should be provided with air inlet grilles.

192. Mechanical extract at high level to outside should be provided in the milk kitchens and pantries and at low level in the dirty utility room. External discharges should be carried clear of the building and protected against back pressure from the wind. The milk kitchens should be well ventilated but the use of extract fans is undesirable since the tendency would be to draw in air, possibly infected, from corridors. The central milk kitchen may be supplied with filtered and warmed air from a convenient mechanical ventilation system. The small milk kitchen should not normally require mechanical ventilation.

193. Particular care should be given to the type of opening window selected in naturally ventilated rooms. Top opening windows at high level should be provided with a "minimum setting" notch or other adjustment to allow air infiltration without draught to lightly clad patients. In ceiling heated rooms the incoming air should not be directed at the ceiling.

194. The heating and ventilating requirements of the special baby care suite needs special consideration. The hot, warm and cool rooms require different temperatures and conditions of humidity according to their purposes, but to make the suite flexible in use, it is desirable to provide for the variation of temperatures and humidities so that rooms can be made interchangeable.

195. Mechanical ventilation of the suite, although not essential, is very desirable, since a constant filtered fresh air supply, warmed and humidified, can provide cleaner and more even room air conditions, besides making a contribution to the control of airborne cross infection.

196. A suitable arrangement to give the varying conditions required would be to provide from a central plant a common air supply for room conditions of 65°F. and 60%–65% R.H. and provide heaters in the ducts serving the rooms, controlled by room thermostats which the nurse could adjust to suit individual temperature requirements. Independent humidifiers situated in each room, controlled by individual humidistats, would also be required to add humidity to suit temperatures above 65°F.

197. The provision of flush type hot water radiators under the windows is desirable to prevent down draught and provide background heating but it is important that cots and incubators should not be placed against radiators and so become overheated. For this reason, where cots are to be positioned against side walls, radiators should be placed at high level.

198. The hot, warm and cool rooms should each be equipped with a thermometer and a hygrometer.

Hot and cold water services

199. These are normally provided by connection to the main services of the hospital. Hot water storage capacity should be based on the maximum requirement for two hours and the calorifier battery rating should be based on a three-hour recovery period. The cold water storage should be sufficient for 24 hours requirements.

200. Drinking water taps taken direct from the mains should be provided in the tea bar, kitchens and pantries and near to the medicine cupboard.

201. Elbow-action taps of the type having a mixed temperature outlet will be required where aseptic conditions make this necessary. Pillar taps should normally be provided elsewhere but spray mixing taps have advantages for hand basins en suite with w.c's. Showers, normally fixed at shoulder height, may be provided with a hand spray on flexible tubing in the admission suite, first stage rooms and wards.

202. The hot water system circulation should also serve bathroom towel rails, heated bed-pan and linen cupboards.

Sterilising equipment

203. Where a central sterile supply department exists there will be no need to provide sterilising facilities for bowls and instruments except perhaps in the operating suite. Sterilisers may be required for bed-pans. One sink in the pantry should have facilities for sterilising crockery and utensils by boiling where the washing-up is not done centrally.

Town gas

204. The decision to provide a gas service will depend on local needs and availability. A gas supply may be required in the tea bar, kitchens, pantries, test rooms and possibly for incinerators. The use of gas for burner points in test rooms is not essential.

Piped oxygen and suction

205. It is unlikely that the cost of a piped oxygen system can be justified for the maternity department. Where, however, central piped systems exist nearby they may be extended to operating theatres, anaesthetic rooms and to convenient places, e.g. in multi-bed wards to serve some beds and cots, treatment rooms, all single-bed rooms, and the special baby care suite.

206. Piped medical suction for treatment purposes may be required; the connectors should be placed beside piped oxygen connectors. The vacuum cylinder and pump may be located in the plant room or where noise is not objectionable and the pump exhaust should be led away to discharge outside, clear of the roof, opening windows and air intakes.

Lifts

207. A lift service is required for departments on more than one floor and where this cannot be conveniently provided by lifts elsewhere it may be necessary to install one or more lifts for the maternity department. The lifts should conform to the appropriate British Standard and safety requirements. Where a bed lift is required it should have a load rating of 3,500 lb., and a car 5 ft. 1 in. × 7 ft. 9 in. (inside dimensions). Where a bed lift is not provided, the car size, landing and car openings should be suitable to allow for the manoeuvring and free passage of a wheel chair and attendant, or an incubator and two attendants, or a food trolley and porter.

208. Lifts should be self-levelling with automatic push-button control including an emergency stop and alarm button in the car. Where service hoists are required they should be power operated with automatic push-button control.

209. Lifts should be silent in operation. Noise and vibration from the lift machinery should not be transmitted through the building. Car and landing doors should be as quiet in operation as possible.

Fire alarms and fire fighting equipment

210. Information on fire alarms and extinguishers is given in British Standard Codes of Practice and in HM(56)36 on Hospital Fire Precautions. Advice on and approval of the fire fighting installation proposed should be sought from the local fire authority.

Electrical installation

211. An electrical installation will include wiring and equipment for general and special lighting, socket outlets, bedhead units, heating, ventilating, telephones, clocks and call systems.

Supply and distribution

212. The electrical supply will normally be provided by a sub-main circuit from the main intake and distribution centre to a switch room within the department.

213. Local distribution boards should be placed to minimise the length of circuit wiring and housed in ventilated spaces, preferably accessible from corridors; they should be easily reached from a standing

position and fitted with locks where necessary. H.R.C. fuses are recommended and space should be allowed for future additional units extra to the provision of some spare ways and fuses.

214. Conduits and cables should normally be concealed, service ducts being provided wherever practicable. External wiring should be in galvanized screwed conduit and external lighting fittings and switches should be weatherproof.

Emergency supplies

215. The emergency power and lighting requirements of operating theatre suites are described in Hospital Building Bulletin No. 1.

216. Further guidance on standby requirements generally will be given in a Technical Memorandum to be published shortly.

Artificial lighting

217. Tungsten lighting is generally suitable but fluorescent lighting may be preferred where higher intensities are required for long periods. Specially selected fluorescent tubes will be required where colour identification is necessary.

218. Lighting should follow standard modern practice and recommended average values of illumination for tungsten fittings (3 feet above floor level) are as follows:

Accommodation	*Average lumens/sq. ft.*
Operating theatre suites	See Hospital Building Bulletin No. 1 on Operating Theatre Suites
Special baby care unit Hot rooms or incubator room Warm rooms, cool rooms and observation and isolation rooms	10
Demonstration room	15
Treatment and transfusion rooms	20
Wards General ward lighting ... ... Minimum in centre of ward ... Single rooms	3* 10 10
Bedhead lighting, nurses' stations and day rooms	15
Nurseries General nursery lighting ... ... Minimum in centre of nursery ...	3* 10
Consulting rooms, examination rooms, delivery rooms, treatment rooms, classrooms and library	20
First stage rooms, doctors' rooms, duty rooms, midwives' rooms, health visitor's room, staff rooms, mothercraft and instruction room, midwives' and porters' stations, blood taking and testing room, clinette and test room, offices, history taking room, scrub-up and emergency flying squad room	15
Changing rooms and undressing cubicles, visitors' rooms, baby weighing room, kitchens, pantries, utility rooms, tea bar and main entrance space, sink and sluice room, waiting spaces and rooms, trolley and flower bays/space	10
Cleaners' rooms, corridors, staircases, cloaks, lavatory accommodation and stores	5†*
Pram shelter	nominal

*Standard given is at floor level.

Ward lighting

219. General lighting is needed to illuminate the centre of the ward, supplemented by bedhead lights to give patients sufficient illumination for reading and writing. The avoidance of glare from bright lights and fittings is most important. Lighting fittings in the centre of the ward should be designed to limit brightness and the direct illumination should not extend beyond the foot of the patient's bed at bed height. (See MRC/BRS Report on Artificial Lighting of Wards.)

220. Tungsten filament lighting is usual but fluorescent lamp fittings with downward louvres and opaque sides have been found suitable for centre of ward illumination. Night lights of low wattage tungsten filament may be incorporated in centre fittings; alternatively, flush wall-mounted units placed below bed level and faced with reeded or coloured glass covers may be preferred.

221. Single-bed wards are usually lighted satisfactorily by a single tungsten lamp fitting of a general diffused type having sufficient surface area to prevent discomfort due to glare. A night light may be incorporated in this fitting or be wall-mounted below bed level.

222. Bedhead lights usually have tungsten filament lighting and should be provided for each bed position. They may be adjustable and wall-mounted with a simple on/off wall switch or the switch may be incorporated in the lighting fitting; generally these require less maintenance than a cord pull switch but the latter can be operated more conveniently by patients.

223. Lighting for treatment and examination rooms will vary with medical requirements, some indirect lighting may be preferred but generally there should be a wall or ceiling-mounted adjustable spotlight. Delivery rooms will require an overhead adjustable light.

224. Local switch control is generally satisfactory, but general lighting and low intensity night lighting is usually separately switched from the nurses' station.

225. Nursery lighting should be arranged to ensure that babies in their cots are not subjected to glare

†This figure may be increased where adjacent intensities are high.

from lights and fittings. The hot, warm, cool and observation or isolation rooms of the special baby care suite may, for lighting purposes, be regarded as nurseries. If fluorescent lighting is to be used, special tubes will be required for observations of jaundiced babies.

Other lighting

226. Fittings in day rooms and staff rooms should be selected to give a pleasing effect. Corridor lighting fittings should be of the enclosed type. Staircase lights should be placed to enable easy cleaning and maintenance. A table lamp of suitable design should be provided for nurses' and midwives' stations. Except where they might constitute a spark risk and an explosion hazard by contact with flammable vapour (see British Standard 2881, 1961), an indicating light (red) to British Standard should be provided on the drug cupboard with a parallel indicating light in the sister's room. These lights should be interlocked with the cupboard to indicate when the cupboard is unlocked.

Operating theatre suite lighting

227. The lighting of operating theatre suites is dealt with in Hospital Building Bulletin No. 1. Further guidance will be given in the Building Note on Operating Theatre Suites, now in preparation.

Socket outlets

228. Sufficient 13 amp. switched shuttered socket outlets on ring or spur circuits should be provided to allow all appliances which are likely to be used at one time to be connected to a separate outlet.

229. Fixed appliances should be connected to the mains by permanently installed wiring. Appliances whose rating is in excess of 13 amps. should be permanently connected and supplied from separate final sub-circuits and independently switched.

230. Electro-medical apparatus and non-luminous heating appliances should be equipped with neon type indicating lamps to show when they are in use.

231. The following socket outlet distribution is suggested:

Multi-bed ward	1 socket outlet for each bed position
Single-bed ward	1 twin socket outlet
Delivery rooms	2 twin socket outlets
First stage rooms	1 twin socket outlet
Examination rooms	1 twin socket outlet
Consulting rooms	1 twin socket outlet 2 single socket outlets
Treatment rooms	2 twin socket outlets
Doctor's office	1 twin socket outlet
Superintendent midwife's office	1 twin socket outlet
Sister's office	1 twin socket outlet
Midwife teacher's office	1 twin socket outlet
Utility room (except dirty utility)	1 twin socket outlet
Dirty utility room	1 twin socket outlet
Nurses' and midwives' stations	1 twin socket outlet
Day room	1 twin socket outlet
Duty room and flying squad room	1 twin socket outlet
Visitors' room	1 twin socket outlet
Nurseries	1 socket outlet with neon type indicating lamp for each cot position
Classrooms and mothercraft room	1 twin socket outlet at front of room
	1 twin socket outlet at rear of room for projector
Staff rooms	1 twin socket outlet
Milk kitchens/ pantries	To suit number of appliances plus one or two for future requirements. Socket outlets should have indicating lights.
Waiting spaces, corridors, etc.	Socket outlets to be provided to allow for convenient use of domestic appliances.
Special baby care unit	
Hot room	1 twin socket outlet with neon type indicating lights at each incubator/cot position
Warm room	1 twin socket outlet with neon type indicating lights at each incubator/cot position
Cool room	1 twin socket outlet with neon type indicating lights at each incubator/cot position
Observation and isolation room	1 twin socket outlet with neon type indicating lights at each incubator/cot position
Demonstration room	1 twin socket outlet
Treatment and transfusion rooms	2 twin socket outlets
Tea bar	1 twin socket outlet

232. Socket outlets in the delivery and anaesthetic rooms should be of the sparkless type and comply with the recommendation of the Safety Code.*

233. The placing of socket outlets at bed positions may be an alternative to the arrangement, sometimes preferred, of providing these in the bedhead unit.

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* Safety code for equipment and installations used in conjunction with explosive anaesthetics. Ministry of Health (1956).

In the former position they are more conveniently placed to serve electro-medical apparatus or domestic equipment and so reduce the requirements for general purpose socket outlets.

234. Guidance on the size of outlets and cables to be provided for mobile x-ray apparatus, is given in the Ministry's Hospital Building Bulletin No. 1 on Operating Theatre Suites and the enclosure to HM(59)69. Facilities for the use of mobile x-ray apparatus are necessary in all wards, first stage and delivery rooms, but where large (e.g. 30 amp.) socket outlets are necessary, only one or two of these, conveniently placed, should be provided.

Patients' call/radio bedhead unit

235. A flush-mounted bedhead unit is usually provided at each bed position and should include a socket for connecting a pear bell push, an indicating light for patient call and cancellation push, three-way and off radio switch and jack for headphone plug. The bell push socket should differ from any other type of socket used at the hospital with mains electricity.

236. Patients' and nurses' call indicators and buzzers should be provided at nurses' and midwives' stations, the sister's room and in the ward kitchen or pantry. A bell push to call the nurse should be provided in the patients' bathrooms and lavatories, the admission suite, first stage and delivery rooms and day rooms (except in the special baby care unit). A bell push to enable a nurse to call for assistance will be required in the nurseries and the hot, warm, cool and observation rooms.

237. It may be desirable to provide, in parallel with the incubator alarms, an audible alarm at the nurses' station or other suitable position.

Telephones

238. Telephone facilities for internal and external calls will form part of the hospital telephone system and will normally be provided in the doctors'/consultants' rooms, almoner's, sister's and midwives' rooms, offices and the nurses' and midwives' stations. Telephones should be desk pattern and for sister's, nurses' and midwives' stations they should be fitted with an indicating call light visible from the corridor and a quiet bell, which may be independently switched out of circuit when desired.

239. G.P.O. telephone socket outlets for use with a portable call-box unit may be provided if desired on the following scale:

One socket outlet for 8 to 12 patients in multi-bed wards

One socket outlet for 4 to 6 patients in single-bed wards

One in patients' day room

240. Special telephone jacks are being developed by the G.P.O. and until these become available deep type outlet boxes ($1\frac{1}{4}$ in. nett) will be required in the telephone conduit or duct system for the use of the small type of telephone jack now provided by the G.P.O. A call-box or booth with a G.P.O. telephone should be sited in or adjacent to the main waiting space.

Electric clocks

241. Electric clocks will normally be required in the multi-bed wards, delivery rooms, treatment rooms, doctors', sister's and midwives' rooms and patients' day room. Where an impulse clock system exists conveniently, it should be extended with silent clocks. Clocks in treatment rooms should be synchronous with a sweep second pointer.

Staff location system

242. A wired staff location system or a radio induction system should be provided as part of the general staff location system of the hospital. The system should enable staff to be called at night without disturbing the patients.

Television and radio

243. Provision should be made for television and radio installation in the patients' day rooms and they should be suitably earthed. Radio should be wired to patients' bedhead units.

APPENDIX

Basic accommodation

Typical schedules of accommodation for

(*a*) *Ante-natal clinics*

Type of room	*Individual room size (sq. ft.)*	*Maximum number of attendances at a consultant session*		
		50	100	150
		Number of rooms and/or area		
(i) Waiting space (maximum suggested area)	–	1 (375 sq. ft.)	1 (750 sq. ft.)	1 (1125 sq. ft.)
(ii) Tea bar	60	1	1	1
(iii) Patients' and visitors' sanitary facilities:				
Male	60	1	1	1
Female	–	2 (total 85 sq. ft.)	3 (total 110 sq. ft.)	4-5 (total 150 sq. ft.)
(iv) Mothercraft and instruction room	450	1	1	1
(v) Equipment store	50	1	1	2
(vi) Almoner's office	100	1	1	1
(vii) Health visitor's room	100	1	1	1
(viii) Registration and records office	200/400	1 (200 sq. ft.)	1 (300 sq. ft.)	1 (400 sq. ft.)
(ix) Clinette/W.C./urine testing	100	1	1	2
(x) History taking room	100	–	2	3
(xi) Blood taking and blood testing room	100	–	1	2
(xii) Sub-waiting spaces	–	–	1 or 2 (total 150 sq. ft.)	1 or 2 (total 200 sq. ft.)
(xiii) Consulting suites				
(*a*) Undressing cubicles	25	–	12	16
(*b*) Examination room	100	(4	6	8
(*c*) Consulting room	120	(2 or	2	– and
(*d*) Combined consulting/examination room	170	4	–	2
(xiv) Clean utility room	120	1	1	1
(xv) Dirty utility room	100	1	1	1
(xvi) Sister's office	120	1	1	1
(xvii) Staff sanitary facilities	–	2 (total 100 sq. ft.)	2 (total 100 sq. ft.)	2 (total 100 sq. ft.)
(xviii) Linen storage	50	1	1	1
(xix) Cleaners' room	50	1	1	2
(xx) Pram shelter	200/300	1 (200 sq. ft.)	1 (250 sq. ft.)	1 (300 sq. ft.)

Rec'd 20 Aug 64

L.P.9

MINISTRY OF HEALTH

Alexander Fleming House, Elephant and Castle, LONDON S.E.1
Telephone: HOP 5522, *ext.* 6301

Our reference:
Your reference:

18th August, 1964

Dear Mr. Wardman,

Bradford Royal Infirmary

Maternity Unit

Herewith a breakdown of the total area of the basic accommodation together with the associated circulation space which has been included within the cost allowances to Building Note No. 21, adjusted as necessary to meet the requirements of this particular scheme.

	BASIC F.S.	CIRCULATION %	CIRCULATION F.S.	TOTAL F.S.
Ante Natal Clinic				
150 Attendances	5,875	55	3,232	9,107
Accommodation for 81 Beds				
Reception & Administration	1,270	55	699	1,969
Admission Suite	580	55	319	899
Ward Units	19,390	55	10,665	30,055
Labour Suite (centralised).	4,390	55	2,415	6,805
Accommodation for 23 G.P. beds				
Ward Unit	5,980	55	3,290	9,270
Labour Suite (combined).	1,570	55	863	2,433
Operating Theatre Suite (planned in conjunction with labour suite)	1,160	45	522	1,682
Special Baby Care Unit				
18 cots	2,590	50	1,295	3,885
Midwifery Training Unit				
34 Midwives	800	40	320	1,120
	43,605		23,620	67,225

I trust that you will find this information of value.

Yours sincerely,

N.G.M. Barton

(N.G.M. BARTON)

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